

State of Michigan
Civil Service Commission
EMPLOYMENT RELATIONS BOARD
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Group Appeal Contact Information
(Use with CS-1743 for Group Appeals)

APPEALING PARTY'S NAME (Please print)		APPEALING PARTY'S NAME (Please print)	
EMPLOYEE IDENTIFICATION NUMBER		EMPLOYEE IDENTIFICATION NUMBER	
STREET ADDRESS/P.O. BOX		STREET ADDRESS/P.O. BOX	
CITY		CITY	
STATE	ZIP	STATE	ZIP
PHONE NUMBER		PHONE NUMBER	
E-MAIL ADDRESS		E-MAIL ADDRESS	
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